

Martin O'Malley Governor

Anthony Brown Lt. Governor

Brenda Donald Secretary

MEMORANDUM

TO:

Directors of Residential Child Care Agencies

FROM:

Michael A Becketts, MSW, MS, LCSW-C

Deputy Director, Office of Licensing and Monitor

DATE:

June 15, 2009

RE:

Title IV-E Requirements and Monthly Reporting Requirements

A recent audit of DHR conducted by the federal government revealed the absence of some required data in records of provider organizations. The primary concern is the lack of documentation of required safety measures for agency employees, volunteers, board members, and interns. According to federal requirements contained in 45 CFR 1356.30, for a child care provider to be eligible for Title IV-E funding, the licensing file must contain documentation which verifies that safety considerations with respect to the staff of the agency have been addressed.

In accord with the findings of the federal audit, DHR must begin to routinely collect data on all individuals employed or volunteering with a provider agency. Data elements to be collected are; outcomes related to clearances for child protective services history, and criminal background clearances including fingerprint-based checks of national crime information databases and outcomes of State Police.

COMAR requires state and federal criminal background investigations and a review of child abuse and neglect records from the local departments of social services in the jurisdiction where the applicant resides. The investigation must be completed and documented before employment or approval as a volunteer or governing board member.

To document compliance with these requirements, beginning July 2009, the Office of Licensing and Monitoring will require that your agency capture and report the attached data elements for each employee, board member, intern, and volunteer at your agency.

As a part of this correspondence you have been provided with the list of data elements required and the definition of those data elements, a Microsoft Excel spreadsheet file is also attached; the definitions are also contained within the spreadsheet. Your agency is expected to provide complete information on all employees, board members, volunteers and interns no later than close of business July 10, 2009. The complete spreadsheet should not be provided to OLM in subsequent months; updates to previously reported information and newly appointed employees, board members, volunteers, and interns should be reported no later than the 10th day of subsequent months.

Completed forms should be submitted monthly to <u>OLM_CPAupdates@dhr.state.md.us</u>.

Data Elements and Definitions for RCC Spreadsheet EMPLOYEE/BOARD MEMBER/VOLUNTEER/INTERN INFORMATION

Individual's Full Legal Name: List the individual by full name including: First, Middle, and Last names including any suffix (e.g. Jr. Sr. II, III, etc.)

<u>Affiliation type:</u> Select employee, board member, volunteer, or intern

Start Date: The date on which the employee began to accrue salaried hours, the date on which a board member was appointed, or the date on which a volunteer or intern began to serve.

<u>Termination Date:</u> The date of termination on the letter of termination or resignation placed in the personnel file of the employee, board member, or volunteer.

CHILD PROTECTIVE SERVICES INFORMATION

<u>Current CPS Clearance results:</u> Date on which the employee's clearance was completed by either an appropriate local department of social services or the Social Services Administration.

Documentation of current CPS clearance in the Human Resource File: Select "Yes" only if the program's personnel file for the employee contains, at this moment, a copy of the document received by either the appropriate local department of social services or the Social Services Administration. Select "no" in all other cases.

Outcome of Clearance: In almost all cases, the form should read "clear" or "N/A" If an exception was made by an administrator in the Department of Human Resources select "Exception." Only if there is a written letter or memo describing the exception and signed by the State administrator placed in the individual's personnel file may the exception be claimed.

FEDERAL CLEARANCE INFORMATION

<u>Federal Criminal Background results date:</u> The date on which CJIS completed the check.

Documentation of current Federal clearance is in the Human Resource File: Select "Yes" only if the program's personnel file for the employee contains, at this moment, a copy of or the original document received by CJIS. Select "no" in all other cases.

Is there a Federal conviction in the following categories: child abuse, Child Neglect, Spousal Abuse, Rape, Sexual Assault, Homicide, or any crime against children? In most cases, "No" should be entered. " If an exception was made by an administrator in the Department of Human Resources select "Exception." Only if there is a written letter or memo describing the exception and signed by the State administrator placed in the individual's personnel file may the exception be claimed.

If there has been a conviction: enter the type of conviction here as noted on the Federal Clearance otherwise write "N/A."

STATE CLEARANCE INFORMATION

State Criminal Background check date: The date which CJIS completed its clearance should be entered.

Documentation of current state clearance is in the Human Resource File: Select "Yes" only if the program's personnel file for the employee contains, at this moment, a copy of or the original document received by CJIS. Select "no" in all other cases.

Is there a State conviction in the following categories: Child Abuse, Child Neglect, Spousal abuse, Rape, Sexual Assault, Homicide or any crime against children: "Select "Yes" if this is true. Select "No" if this is false. If an exception was made by an administrator in the Department of Human Resources select "Exception." Only if there is a written letter or memo describing the exception and signed by the State administrator placed in the individual's personnel file may the exception be claimed.

CONVICTION WITHIN THE PAST 5 YEARS.

Has there been a conviction on charges of Assault, or <u>Drug Related Crimes</u>. Select "Yes" if this is true. Select "No" if this is false.

Is there a State conviction where the individual encouraged, caused or tended to cause any act, omission, or condition which resulted in a violation, renders a child delinquent or in need of supervision? Select "Yes" if this is true. Select "No" if this is false.